

Peoples Church of Sarnia-Lambton
Pre-Authorized Debit (PAD) Authorization Form
PAD Agreement between Peoples Church of Sarnia-Lambton [Peoples] and
Payor(s) [You] and Your financial Institution(s) [FI]

1. **You** acknowledge that this authorization is provided for the benefit of **Peoples** and **your FI** and is provided in consideration of **your FI** agreeing to process debits against **your** account in accordance with the rules of the *Canadian Payments Association*.
2. **You** warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.
3. **You** hereby authorize **Peoples** to draw on **your** account with **your FI** as indicated in this authorization **for the purpose of sending funds to the charity. This is a Personal PAD.** If this is a **Business PAD** check here
4. This agreement may be cancelled at any time by providing **Peoples** notice in writing no later than 30 days prior to the next **PAD** being issued. (For more information on your rights to cancel a **PAD**, contact **your FI** or visit www.payments.ca)
5. **You** acknowledge that providing and delivering this Authorization to **Peoples** constitutes delivery by **you** to **your FI**.
6. **Peoples** is required to send written notice of the amount to be debited and the due date at least 10 calendar days prior to the due date of the **first** DDP, and every time there is a change in the amount or payment dates.

Pre-notification may be given to **you** in **writing** or by **e-mail** **OR you hereby waive pre-notification.**

Please Sign here _____ to **waive** pre-notification.

7. **Your PAD** agreement applies only to the method of payment and does not otherwise have any bearing on any contract for goods and services exchanged. Revocation of this Authorization does not terminate any contract for goods or services that exist between **you** and **Peoples**.
8. **You have certain recourse rights.** **You** may dispute this **PAD** Agreement under any of the following conditions:
 - The pre-authorization debit was not drawn in accordance with **your PAD** Agreement;
 - **or your PAD** Agreement was revoked;
 - **or** Pre-notification was not received, if required by this **PAD** Agreement.

In order to be reimbursed, **you** acknowledge that a declaration to the effect that any of the conditions in Section 8 took place, must be presented to **your FI's** branch up to and including 90 calendar days in the case of a **Personal PAD**, or up to and including 10 calendar days in the case of a **Business PAD**, after the date on which the **PAD** in dispute was posted to **your** account. After such time **you** acknowledge that the dispute must be resolved solely between **you** and **Peoples**. **To obtain more information, contact your FI or visit www.payments.ca** (sample forms are in Appendix II of Rule H1 documentation).

9. **You** consent to the disclosure of any personal information contained in this document necessary for the proper processing of **your PAD** Agreement to **Libro Credit Union Limited**.

You authorize Peoples to process a debit in the amount of \$_____ on the Third and the amount of \$_____ on the Eighteenth of each month beginning on _____.

(If **you** wish to give monthly, fill in only one amount on the date you want the debit to occur, if twice a month, fill in the amount you wish to give in both places). **The amount(s) above will go to the General Fund.** If you wish to designate to other funds, please write your amounts here:

General: _____ Building: _____ Upgrade: _____

If you wish to make any modifications, contact the Treasurer at the phone or email address in the People's Directory.

To authorize **Peoples** to receive payments debited from **your** account, complete all sections and attach **your** voided cheque. If you do not have cheques, request that your financial institution staff complete, stamp and sign in the boxes on the bottom of this page. **Your signature(s) are required below.**

Payor's Signature: _____

Date: _____

Payor's Signature: _____

Date: _____

PAYEE: Peoples Church of Sarnia-Lambton

3888 London Line, PO Box 520, Wyoming, ON N0N 1T0 Phone: 519-845-3386

Email: peoples@peopleslambton.com

YOUR PAYOR INFORMATION (Please Print):

Last Name: _____ First Name: _____

Business Name (if applicable): _____

Address: _____ City/Prov: _____

Postal Code: _____ Telephone: _____ Peoples Envelope #: _____

E-mail address: _____

PAYORS FINANCIAL INSTITUTION (FI) ACCOUNT INFORMATION:

Name of FI: _____

Branch Address: _____ City/Prov: _____

Postal Code: _____ Telephone: _____

A specimen cheque for this account has been marked VOID and attached to this authorization. If a cheque is not available, the account that **Peoples Church of Sarnia-Lambton** is authorized to draw upon is indicated below.

Financial Institution Use Only, Please	
Account Number at FI: -----	
Institution # & Branch #: (Route) (Transit) -----	

FI Branch to Stamp & Sign as Verification	
FI Staff Signature	Date